

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642				
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> </div>							
Full Name of Payee <b>Dixon/Davis Media Group LLC</b>			Date of Public Distribution/Dissemination <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div>08 / 16 / 2016</div>				
Mailing Address 1028 33rd St NW Ste 300			Amount <div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>16128.00</div>				
City Washington State DC Zip Code 20007-3571		Transaction ID : VN7GBA2CY60 Date of Disbursement or Obligation <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div>					
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type <input type="text" value="MM"/> <input type="text" value="MM"/>					
Name of Federal Candidate Joe Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV			
Calendar Year-To-Date Per Election for Office Sought		<div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>1388453.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <b>SKDKnickerbocker</b>			Date of Public Distribution/Dissemination <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div>08 / 16 / 2016</div>				
Mailing Address 1150 18th St NW Ste 800			Amount <div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>20957.02</div>				
City Washington State DC Zip Code 20036-3845		Transaction ID : VN7GBA2CYE3 Date of Disbursement or Obligation <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div>					
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type <input type="text" value="MM"/> <input type="text" value="MM"/>					
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH			
Calendar Year-To-Date Per Election for Office Sought		<div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>4916158.91</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div> <div>37085.02</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div>				
(c) TOTAL Independent Expenditures..... ▶			<div><input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="MM"/></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Signature  <i>Rebecca Lambe</i>		[Electronically Filed]		Date <div><input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></div> <div>08 / 18 / 2016</div>			

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 16 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>289064.00</b>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA2CY86		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Joe Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1388453.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 16 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>359775.00</b>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA2CYA2		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>4916158.91</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>648839.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>685924.02</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 18 / 2016**

Signature